

all a/w

(6)

2-16-01  
SC

UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

FILED  
HARRISBURG, PA

FEB 15 2001

MICHAEL RUSSELL,

MARY E. D'ANDREA, CLERK  
PER *gmc*  
DEPUTY CLERK

Petitioner

v.

CIVIL NO. 1:CV-00-2182

MARTIN F. HORN, et al.,

(Judge Caldwell)

Respondents

ORDER

AND NOW, this 15th day of February, 2001, it is ordered that:

1. Since petitioner has paid the required filing fee, his motion to proceed in forma pauperis (doc. 2) is dismissed as moot.

2. The Clerk of Court is directed to serve a copy of the petition and this order by certified mail on the following respondents: Raymond J. Colleran and the Pennsylvania Board of Probation and Parole.

3. Within twenty days of the date of this order, Respondents shall answer the allegations in the petition for writ of habeas corpus.

4. Respondents shall file a memorandum of law with the answer. The memorandum shall set forth the relevant facts and procedural history of the claim, a recommended disposition of the petition, and citations to pertinent case law.

5. Petitioner shall, if he so desires file a reply brief within fifteen days of receipt of the Respondents' filings.

6. A determination whether the Petitioner should be produced for a hearing will be held in abeyance pending the filing of Respondents' answer and memorandum of law, and, if any, the Petitioner's reply.

William W. Caldwell  
William W. Caldwell  
United States District Judge

UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

\* \* MAILING CERTIFICATE OF CLERK \* \*

February 15, 2001

Re: 1:00-cv-02182 Russell v. Horn

True and correct copies of the attached were  
to the following:

Michael Russell  
SCI-WAYMART  
CM-0064  
P.O. Box 256  
Route 6  
Waymart, PA 18472-0256

cc:  
Judge  
Magistrate Judge  
U.S. Marshal  
Probation  
U.S. Attorney  
Atty. for Deft  
Defendant  
Warden  
Bureau of Pris  
Ct Reporter  
Ctroom Deputy  
Orig-Security  
Federal Public  
Summons Issued  
  
Standard Order  
Order to Show  
  
Bankruptcy Cou  
Other

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Pr</i>													
<table border="1"> <tr> <td style="text-align: right;">Postage</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2">Certified Fee</td> </tr> <tr> <td colspan="2">Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td colspan="2">Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td colspan="2"><b>Total Postage &amp; Fees</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$</td> </tr> </table>		Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>		\$	
Postage	\$												
Certified Fee													
Return Receipt Fee (Endorsement Required)													
Restricted Delivery Fee (Endorsement Required)													
<b>Total Postage &amp; Fees</b>													
\$													
2-15-01													
<b>Recipient's Name (Please Print Clearly) (To be completed by m</b> <i>Edmond J. O'Leary Super</i>													
<b>Street, Apt. No., or PO Box No.</b> <i>P.O. Box 256 Route 6</i>													
<b>City, State, ZIP+4</b> <i>Waukesha, Pa. 18472</i>													
<b>PS Form 3800, February 2000</b>													
<b>See Reverse for In</b>													
<b>Recipient's Name (Please Print Clearly) (To be completed by m</b> <i>Pa Board of Prob &amp; Parol</i>													
<b>Street, Apt. No., or PO Box No.</b> <i>1101 South Front St</i>													
<b>City, State, ZIP+4</b> <i>Morrisburg, Pa. 17104-251</i>													
<b>PS Form 3800, February 2000</b>													
<b>See Reverse for In</b>													
<b>Recipient's Name (Please Print Clearly) (To be completed by m</b> <i>Francis L. P. 1</i>													
<b>Street, Apt. No., or PO Box No.</b> <i>Strawberry St.</i>													
<b>City, State, ZIP+4</b> <i>152 Pa. 17121</i>													
<b>PS Form 3800, February 2000</b>													
<b>See Reverse for In</b>													
<b>Total Postage &amp; Fees</b> <b>\$</b> <b>2-15-01</b>													
<b>Recipient's Name (Please Print Clearly) (To be completed by m</b> <i>michael Fischer</i>													
<b>Street, Apt. No., or PO Box No.</b> <i>Strawberry St.</i>													
<b>City, State, ZIP+4</b> <i>152 Pa. 17121</i>													
<b>PS Form 3800, February 2000</b>													
<b>See Reverse for In</b>													

DATE: 2/15/04

BY: GW  
Deputy Clerk